

Applicants Forename:

Applicants Surname:

Your Employer Ref:

Security Application Form

1. This On-line Security Application Form must be fully completed, to ensure you can be screened (by your Potential Employer registered with SJC123.co.uk) to the current B.S 7858 – Security Screening of Individuals Employed in a Security Environment – Code of Practice.

2. Please answer ALL questions. If a question or section does not apply to you, choose 'NO' or 'N/A'.

3. Your Application may be rejected or your Security Screening delayed if you fail to fully complete this Application Form.

PERSONAL DETAILS. (1):

Application for Employment as:

1. Title:

(Select present state)

2. Gender:

(Select present state)

3. Forename(s):

4. Surname at Birth:

5. Surname(s):

6. Email:

7. Current Address:

ADDRESS1 :	
ADDRESS2 :	
ADDRESS3 :	
Town/City :	
County :	
Post Code :	Country:

8. How long have you lived at your present address?

Yrs

Mths

If you have been at your current address for less than 5 years then please state your previous address below. If you have had more than one previous address during the past 5 years then please state the full address(es) with dates from and to on "Continuation Sheet"

9. Previous Address:

ADDRESS1 :	
ADDRESS2 :	
ADDRESS3 :	
Town/City :	
County :	
Post Code :	Country:

 10. Accommodation status: *(Select present state)*

11. Landline: +44

12. Mobile: +44

PERSONAL DETAILS. (2):

13. Country of Birth:

14. Nationality:

15a. Passport No:

15b. NI Number:

15c. Date of Birth:

16. Are you allowed to work in the UK? 17a. Do you need a Work permit?

17b. How did you enter the UK: 17c. Visa expiry Date:

17d. Why did you enter the UK: 17e. Date of Entry:

18. Religion/Belief: 19. Marital Status:

20. Number of children: 21. Please state their present age:

22. Person to be contracted in Emergency:

Their Name	:	_____	Their Mobile Tel No. : +44	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	:	_____																	
Their Address	:	_____	Their Tel No at Home: +44	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Code	:	_____	Their Tel No at Work: +44	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LICENCES & AVAILABILTIY. (3):

23. Do you hold a current valid SIA licence? Type*:

SIA Licence number:

Expiry Date:

24. Additional SIA Licence information: Type*:

SIA Licence number:

Expiry Date:

25a. Do you own a motor vehicle or motor cycle? 25b. Access to car:

26. Do you possess a full clean current driving Licence?

27. How long have you held a full Driving Licence?

28. Driving Licence No.

Issue Date:

Expiry Date:

(Please select as appropriate; can be more than one)

29. What type of employment are you looking for:

30. What days are you available during the week?

 Mon Tue Wed Thus Fri Sat Sun

31. What nights are you available during the week?

 Mon Tue Wed Thus Fri Sat Sun

EDUCATION. (4):

 32. If you left **full-time education** within the last 5 years, please provide details of your **Education Provider** with **FULL POSTAL ADDRESS***.
 If it was more than 5 years ago, then just state your Level of Education (optional).

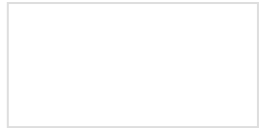
 1. Tick here, if the below Education record is from abroad *

1. Secondary School/College/University attended	Level of Education	Dates/ Start	Dates/ Finish
<div style="border: 1px solid black; padding: 5px;"> Name: _____ Address: _____ Town/City: _____ Post Code: _____ Country: _____ Their E-mail Address: * Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>		<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>
	Subject		

 33. First Aid/ Fire Fighting Certificates:

 34. Foreign Languages:

 35. Other qualifications & skills if any:


SERVICE RECORD. (5):

 36. Do you have a **military service record** within the last 5 years?

If YES please give details below:

Details	Dates/ Start	Dates/ Finish
<input style="width: 100%;" type="text"/> <div style="text-align: right;"><i>(Please select)</i></div>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Unit or Rank: <input style="width: 100%;" type="text"/>		
Service No.: <input style="width: 100%;" type="text"/>		
Conduct Assessment on discharge: <input style="width: 100%;" type="text"/>		
Are you a member of any reserve that will require annual training or service? <input style="width: 100%;" type="text"/>		
If YES please give details: <input style="width: 100%;" type="text"/>		

EMPLOYMENT/ 5 YEAR HISTORY (VETTING FORM). (6):

37a. State all periods of employment, unemployment, self-employment etc. for the last 5 years. Starting with the most recent and working backwards. There can be no gaps greater than 31 days between jobs, etc. when listing your activities over the past 5 years.

 37b. If **self-employed** you must give name, FULL address and tel. number of **your Accountant**.

 37c. For any periods of Registered unemployment, please state **FULL** address of the Unemployment Benefit Office at which you reported to and the type of benefit claimed, i.e. Job Seekers Allowance, Incapacity Benefit, etc.

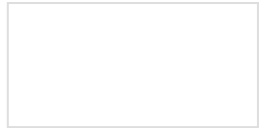
 37d. If not in employment, self-employment, education and not registered unemployed please select status "NOT Registered Unemployed" and state what you were doing i.e.; *Full time House Wife / Husband, living with parents, travelling, etc.*

N.B. If you require additional space to record this information, please use the "Continuation sheet"

N.B. Your Security Screening cannot begin if you fail to fully complete this section of the Application Form.
1a. Employment Type:*
(Please select)

1b. Tick here, if the below employment record is from abroad *

1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*.	Details	Employment/ Unemployment/ Self-employment
Name: <input style="width: 100%;" type="text"/> ADDRESS1: ADDRESS2: ADDRESS3: Town/City: County: Post Code: Country:	*Position Held: <input style="width: 100%;" type="text"/>	Dates
	* Reporting to: <input style="width: 100%;" type="text"/>	
	*Their E-mail address:	*Start: <input style="width: 100%;" type="text"/>
	*Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	*Finish: <input style="width: 100%;" type="text"/>
	Basic Wage: <input style="width: 100%;" type="text"/>	To Present <input type="checkbox"/>
	Reason for Leaving:	

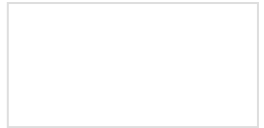

Description of Duties:
2a. Employment Type: *
(Please select)
2b. Tick here, if the below employment record is from abroad *

1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*.	Details	Employment Unemployment/ Self-employment
Name: <input type="text"/> ADDRESS1: ADDRESS2: ADDRESS1: Town/City: County: Post Code: Country:	*Position Held: <input type="text"/>	Dates
	* Reporting to: <input type="text"/>	
	*Their E-mail address:	*Start: <input type="text"/>
	*Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	*Finish: <input type="text"/>
	Basic Wage: <input type="text"/>	To Present <input type="checkbox"/>
Reason for Leaving:		

Description of Duties:
3a. Employment Type: *
(Please select)
3b. Tick here, if the below employment record is from abroad *

1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*.	Details	Employment Unemployment/ Self-employment
Name: <input type="text"/> ADDRESS1: ADDRESS2: ADDRESS1: Town/City: County: Post Code: Country:	*Position Held: <input type="text"/>	Dates
	* Reporting to: <input type="text"/>	
	*Their E-mail address:	*Start: <input type="text"/>
	*Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	*Finish: <input type="text"/>
	Basic Wage: <input type="text"/>	To Present <input type="checkbox"/>
Reason for Leaving:		

Description of Duties:
4a. Employment Type: *
(Please select)


4b. Tick here, if the below employment record is from abroad *

1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*.	Details	Employment Unemployment/ Self-employment
Name:	*Position Held:	Dates
ADDRESS1: ADDRESS2: ADDRESS1: Town/City: County:	* Reporting to:	
Post Code: Country:	*Their E-mail address:	*Start:
	*Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Basic Wage:	*Finish:
	Reason for Leaving:	<input type="text"/> / <input type="text"/> / <input type="text"/>
		To Present <input type="checkbox"/>

Description of Duties:

5a. Employment Type: * (Please select)

5b. Tick here, if the below employment record is from abroad *

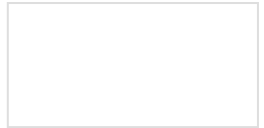
1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*.	Details	Employment Unemployment/ Self-employment
Name:	*Position Held:	Dates
ADDRESS1: ADDRESS2: ADDRESS1: Town/City: County:	* Reporting to:	
Post Code: Country:	*Their E-mail address:	*Start:
	*Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Basic Wage:	*Finish:
	Reason for Leaving:	<input type="text"/> / <input type="text"/> / <input type="text"/>
		To Present <input type="checkbox"/>

Description of Duties:

6a. Employment Type: * (Please select)

6b. Tick here, if the below employment record is from abroad *

1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*.	Details	Employment Unemployment/ Self-employment
Name:	*Position Held:	Dates
ADDRESS1: ADDRESS2: ADDRESS1: Town/City: County:	* Reporting to:	
Post Code: Country:	*Their E-mail address:	*Start:
	*Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Basic Wage:	*Finish:
	Reason for Leaving:	<input type="text"/> / <input type="text"/> / <input type="text"/>
		To Present <input type="checkbox"/>



Description of Duties:

7a. Employment Type: * *(Please select)*

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7b. Tick here, if the below employment record is from abroad *

1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*.	Details	Employment Unemployment/ Self-employment
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Name:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">ADDRESS1: ADDRESS2: ADDRESS1: Town/City: County:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Post Code: _____ Country:</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">*Position Held: <input style="width: 100%;" type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">* Reporting to: <input style="width: 100%;" type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">*Their E-mail address: _____</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">*Tel: <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Basic Wage: <input style="width: 100%;" type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Reason for Leaving: _____</div>	<p>Dates</p> <p>*Start: <input style="width: 100%; height: 20px;" type="text"/></p> <p>*Finish: <input style="width: 100%; height: 20px;" type="text"/></p> <p>To Present <input type="checkbox"/></p>

Description of Duties:

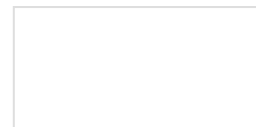
8a. Employment Type: * *(Please select)*

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8b. Tick here, if the below employment record is from abroad *

1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*.	Details	Employment Unemployment/ Self-employment
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Name:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">ADDRESS1: ADDRESS2: ADDRESS1: Town/City: County:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Post Code: _____ Country:</div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">*Position Held: <input style="width: 100%;" type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">* Reporting to: <input style="width: 100%;" type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">*Their E-mail address: _____</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">*Tel: <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Basic Wage: <input style="width: 100%;" type="text"/></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Reason for Leaving: _____</div>	<p>Dates</p> <p>*Start: <input style="width: 100%; height: 20px;" type="text"/></p> <p>*Finish: <input style="width: 100%; height: 20px;" type="text"/></p> <p>To Present <input type="checkbox"/></p>

Description of Duties:


9a. Employment Type: *
(Please select)

9b. Tick here, if the below employment record is from abroad *

1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*:	Details	Employment Unemployment/ Self-employment
Name:	*Position Held:	Dates
ADDRESS1: ADDRESS2: ADDRESS1: Town/City: County:	* Reporting to:	
Post Code: Country:	*Their E-mail address:	
	*Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Basic Wage:	
	Reason for Leaving:.....	*Start: <input type="text"/> *Finish: <input type="text"/> To Present <input type="checkbox"/>

Description of Duties:
10a. Employment Type: *
(Please select)

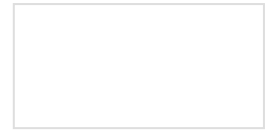
10b. Tick here, if the below employment record is from abroad *

1. Company's Name & Full address of Present/ Last employer or Agency/ or Job Centre / or Accountant*:	Details	Employment Unemployment/ Self-employment
Name:	*Position Held:	Dates
ADDRESS1: ADDRESS2: ADDRESS1: Town/City: County:	* Reporting to:	
Post Code: Country:	*Their E-mail address:	
	*Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Basic Wage:	
	Reason for Leaving:.....	*Start: <input type="text"/> *Finish: <input type="text"/> To Present <input type="checkbox"/>

Description of Duties:

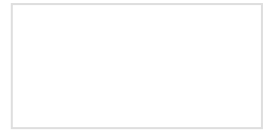
38. May we approach your employers?

N.B. If you have had more than 10 employers etc., please use our continuation sheet.
39. ADDITIONAL VETTING INFORMATION - Use the space below to tell us anything else you think we may need to know in regards to your Employment History:


PHYSICAL DESCRIPTION / UNIFORM. (7):

 40. Please fill in or select as appropriate: Men Ladies

Height:* <input type="text"/>	Weight:* <input type="text"/>	Distinguishing Marks: <input type="text"/>	
Trousers - Size:*	Trouser - Waist:*	Trouser - Inside Leg Length:*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Shirt - Size:*	Shirt - Collar:	Sleeve Length:	Skirt - Size:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jacket/ Blazer - Size:*	Jacket/ Blazer - Chest:*	Jacket/ Blazer - Sleeve Length:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Shoe Size: *	<input type="text"/>	Tick here, if you have your OWN Safety Boots: <input type="checkbox"/>	
Safety Boots size:*	<input type="text"/>		
Hi Vis Safety Vest - Size:*	<input type="text"/>		
Are you in generally good health?*	Do you have normal vision?*	With Glasses?*	<input type="text"/>
<input type="text"/>	<input type="text"/>		
Do you have normal sense of hearing in both ears, including for telephone use?*	<input type="text"/>	Do you have normal sense of smell?*	
Are you registered Disabled?	<input type="text"/>	<input type="text"/>	
Is your speech defective?*	<input type="text"/>	Have you ever had an operation?*	
		<input type="text"/>	
Are you taking a course of injections/ tablets/ pills?*	<input type="text"/>	Have you ever had arthritis, rheumatism or gouts?*	
		<input type="text"/>	



SELF-ASSESSMENT HEALTH QUESTIONNAIRE.(8):

The following information is retained in strictest confidence and will assist us as far as is reasonably practicable to assess suitability, to protect your health, safety and welfare. When deciding the merit of the following questions, the company has taken into account the employment equality rules and lone worker guidelines.

The questions asked below are those which particularly appertain to the possible locations and duties that will be asked of you. Please note that these duties will involve night work. The answers will enable us to make any adjustments if necessary to enable you to carry out the role applied for. If you wish to ask any questions about the medical questionnaire and its purpose, please do so before completing.

41. Do you have or have you ever suffered from the following complaints? *(Please select Yes / No to what applies to you.)*

- | | |
|---|----------------------|
| a. Heart disease / including heart attack/ rheumatic fever/ high blood pressure | <input type="text"/> |
| b. Diabetes? | <input type="text"/> |
| c. Fits, black-outs or fainting attacks? | <input type="text"/> |
| d. Mental illness/ Nervous breakdown or debility? | <input type="text"/> |
| e. Have you ever suffered any serious illness? | <input type="text"/> |
| f. Stomach or intestinal disorders? | <input type="text"/> |
| g. Any condition which causes difficulties in sleeping? | <input type="text"/> |
| h. Chronic chest disorders, especially of night-time symptoms are troublesome? | <input type="text"/> |
| i. Any medical condition requiring medication to a strict timetable? | <input type="text"/> |
| j. Any other health factors that might affect fitness at work? | <input type="text"/> |

If you answered "yes" to the above question you may be asked to see a doctor or nurse for further assessment. If you answered "YES" to any of the above, would you please tell us more in the space below about that condition/s so we can make an informed decision based on your self-assessment?

PERSONAL REFEREES. (9):

42. Please give the names and FULL addresses of two people who have known you well for at least 2 years, within the last 5 years and who will give you a written reference. They should not be either relatives of yours, or related to each other.

Referee 1		Referee 2	
Name:*		Name:*	
Address:*	----- ----- .	Address:*	
Postcode:*		Postcode:*	
Tel: *	*Tel: +44 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel: *	*Tel: +44 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail address:*	E-mail:	E-mail address:*	E-mail:
Occupation*		Occupation*	
How long known?*		How long known?*	

CAUTIONS, REHABILITATIONS AND CRIMINAL RECORDS. (10):

43. Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

A. Have you or your immediate family members ever been convicted / fined / imprisoned/ placed on probation/ discharged on payment of costs or had any order made against you by a criminal, civil or military court or public authority (excluding minor motoring offences)?

If YES, please give details

B. Do you have Police cautions?

If YES, please give details

C. Have you ever been subject to bankruptcy proceedings?

If YES, please give details

D. Are any prosecutions pending against you?

If YES, please give details

E. Are there any outstanding County Court Judgement for debt?

If YES, please give details

BANK DETAILS. (11):

44. YOUR NAME HERE:

PLEASE PAY ALL OF MY WAGES/ SALARY PLUS ANY EXPENSES DUE INTO MY BANK ACCOUNT/ BUILDING SOCIETY ACCOUNT:

NAME OF BANK:	<input type="text"/>
ADDRESS OF BANK:	<input type="text"/>
BANK SORT CODE: E.G. 12-34-56	<input type="text"/>
BANK ACCOUNT NUMBER: E.G 12345678	<input type="text"/>
ROLE NUMBER: (APPLICABLE TO BUILDING SOCIETY ACCOUNT ONLY)	<input type="text"/>
ACCOUNT HODLERS NAME:	<input type="text"/>

**DECLARATION & CONSENT FOR SCREENING.**

12:

DECLARATIONS

1. I hereby certify that to the best of my knowledge, the details I have given my application are complete and correct. I understand that any false statement or omission to the Company or its representatives will automatically invalidate any contract of Employment issued to me by the company and may render me liable to dismissal without notice.
2. I understand and agree that if so required I will make a Statutory Declaration in accordance with the provisions of the Statutory Declarations Act 1835 in confirmation of previous employment or unemployment.
3. I authorise the Company or its agents to approach Government agencies, former employers, educational establishments, criminal justice agencies and personal referees for information relating to and verification of my employment/unemployment record.
4. I consent to the Company's reasonable processing of any personal information obtained for the purposes of establishing my medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the Company.
5. Subject to the Access to Medical Reports Act 1988, I consent to the results of such examinations to be given to the Company and authorise the Company or its agents to make a consumer information search with a credit reference agency, which will keep a record of that search and may share that information with other credit reference agencies.
6. I further declare that any documents that I provide as proof of my identity, proof of address, proof of right to work and any other documents that I provide are genuine and give my consent for these documents to be examined under a UV scanner or similar device. I acknowledge that any falsified documents may be reported to the appropriate authority.

DATA PROTECTION ACT 1998

1. The Company will use the information you have given on your application form (together with any information which we obtain with your consent from third parties) for assessing your suitability for employment. It may be necessary to disclose your information to our agents and other service providers.
2. By returning this form to the Company you consent to our processing personal data about you where this is necessary, for example information about your credit status, ethnic origin or criminal offences.
3. You also consent to the transfer of your information to your current and future potential employers where this is necessary (this may be to companies operating abroad if you apply for work outside of the United Kingdom). Your information will be held on our computer database and/or in our paper filing systems.
4. By signing below you agree to this process and confirm that you do not have a criminal record subject to the current Rehabilitation of Offenders Act and any amendments. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DISCLOSURE

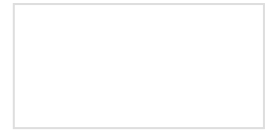
1. You are applying for a position of trust and in the event of being offered employment by the Company we may submit an application to Disclosure Scotland on your behalf for a Basic Disclosure certificate. However, having a criminal record does not necessarily bar you from employment. For more information ask a member of staff for a copy of the CRB Code of Practice/Disclosure Scotland and/or Company our policy statement regarding ex-offenders. Disclosure information is treated in a sensitive way and is restricted to those who need to see it to make a recruitment decision.
2. By signing this document you allow the Company to receive and view a copy of the Basic Disclosure certificate, and being advised by email from Disclosure Scotland about whether or not the Basic Disclosure certificate will contain information about unspent convictions. The Disclosure information is not retained i.e. it is disposed of within the timescales recommended in the CRB Code of Practice. By signing below you agree to this process.

SCREENING

1. I understand that any offer of employment is subject to satisfactory screening in accordance with BS 7858. I consent to being screened and undertake to co-operate with the company and its representatives in providing any additional information required to meet these criteria.
2. I confirm that the information provided is correct, and understand that any false statements or omissions could lead to termination of my employment.
3. I will be required to provide appropriate official documents to confirm my Right to Work in the UK.

Print Name: NI number: Signature: Date of Birth: Submission Date:

Interviewed by _____ Date: ____/____/____

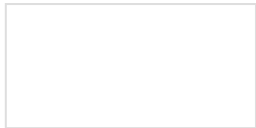


CHECKLIST OF SUPPORTING DOCUMENTS.(13)

Please attach/upload as many Supporting Documents as possible:

*(Documents marked with (*) are mandatory)*

1. One copy of Proof of Identity (Passport, Driving license etc.)
2. One copy of Proof of Address. (Council Tax Letter, Utility bills etc.)
3. One copy of Proof of Bank Details. (Recent Bank statements.)
4. [Copy of Valid UK Visa confirming your Right to Work in the UK; British Passport photo page or British Birth Certificate*](#)
5. Copy of NI number evidence (P45, P60, NI Card etc.)
6. [Copy of SIA License*](#)
7. If not a License holder, a copy of SIA application reference (a screen-shot of your SIA account or SIA letter).
8. Letter from your local job centre for any periods of unemployment (mandatory) if applicable.
9. Letter from your Accountant for any periods of self-employment (mandatory) if applicable.
10. Training documents
11. [Signed Declaration and Authorization form\(p. 13\)](#)
12. [Signed Payroll Details Form for confirmed New Starters \(p. 15-16\)](#)
13. [Signed Working Time Directive for confirmed New Starters \(p.17\)](#)

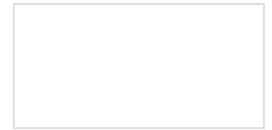


<input style="width: 95%; height: 35px;" type="text"/>	Office Use
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PAYROLL DETAILS FORM FOR NEW STARTERS

(All details must be completed and submitted to the company's finance department before payroll). (Documents marked with (*) are mandatory)

Personal Details	
1.Forename(s): * <input style="width: 95%;" type="text"/>	4. ID Number: <input style="width: 95%;" type="text"/>
2.Surname(s):* <input style="width: 95%;" type="text"/>	5.Start Date: <input style="width: 80%; text-align: center;" type="text" value=".. / .. / 20 ____"/>
3.Address: * <input style="width: 95%; border-bottom: 1px dashed black;" type="text"/> <input style="width: 95%; border-bottom: 1px dashed black;" type="text"/> <input style="width: 95%; border-bottom: 1px dashed black;" type="text"/>	6.Date of Birth: * <input style="width: 80%; text-align: center;" type="text" value=" / /"/>
	7.Gender: * <input style="width: 60%;" type="text"/> (Select as appropriate)
Post Code: * <input style="width: 40%;" type="text"/> Country: * <input style="width: 40%;" type="text"/>	9.Marital Status * <input style="width: 95%;" type="text"/>
8.E-mail address:* <input style="width: 95%;" type="text"/>	11.N.I Category: <input style="width: 60%;" type="text"/>
10.N.I Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	13.Mobile: * +44 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
12.Landline: +44 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	14. NAME OF BANK: * <input style="width: 95%;" type="text"/>
15. ADDRESS OF BANK: * <input style="width: 95%;" type="text"/>	16. BANK SORT CODE: * E.G. 12-34-56 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
17. BANK ACCOUNT NUMBER: * E.G. 12345678 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	18. ROLE NUMBER: (APPLICABLE TO BUILDING SOCIETY ACCOUNT ONLY) <input style="width: 95%;" type="text"/>
19. ACCOUNT HODLERS NAME: * <input style="width: 95%;" type="text"/>	19. ACCOUNT HODLERS NAME: * <input style="width: 95%;" type="text"/>


20. PAYE & NI DETAILS:

Or explain here why it is not included:

(Please TICK if included)

Or explain here why it is not included:

*For those who do not have their P45, please complete the below info instead of P46. **

As a new employee, we need your below info before your first pay day. All earnings will be processed within your indicated brackets on a W1M1 basis, as legally required, until such time as we receive a P9 Tax Code Notice directly from HMRC.

21. Your present circumstances: *
Please read all the following statements carefully and tick the one that applies to you.

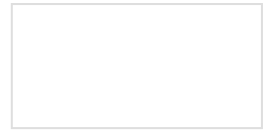
- A. A - This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension. (A)
OR
- B. B - This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension. (B)
OR
- C. C - I have another job or receive a state or occupational pension. (C)
Student Loans
- D. D - If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your student loan, tick box D (If you are required to repay your Student Loan through your bank or building society account do not tick box D.)

22. Terms & Conditions Issued:	Date: <input style="width: 150px;" type="text" value=".. / .. / 20 ___"/>
23. SIA Licence Number:*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24. SIA Licence Expiry Date:*	Date: <input style="width: 150px;" type="text" value=" / / ___"/>

I would wish to confirm that the details above are true and correct.

Print Name:*
Signature:*
Date:*

Office Use:

**European Working Time Directive**

This Agreement is made between

("The Company")

And

("The Employee")

48-hour maximum average working week

The Working Time Regulations 1998 provide that the average working week, including overtime, shall not exceed 48 hours. The Company and the Employee agree that this right shall be "derogated" and the limit shall not apply. This Agreement will remain in force indefinitely.

The Employee or the Company may terminate this Agreement at any time by giving not less than three months written notice to the other.

Note: If the Employee does not wish to work in excess of 48 hours then he/she will suffer no detriment nor be treated less favourably than any other employee.

Signed: Name: Date: **Employee**Signed: Name: Date: **For and on behalf of the Company**